# 2003 UNIFORM BUSINESS REPORT (UBR)

**FILED**
**Jan 08, 2003**
**Secretary of State**

DOCUMENT# P02000098807

**Entity Name:** TRADITIONS GIFTS & COLLECTIBLES, INC.

**Current Principal Place of Business:**

244 LAGOON DRIVE
FT MYERS, FL 339052532

**New Principal Place of Business:**

**Current Mailing Address:**

244 LAGOON DRIVE
FT MYERS, FL 339052532

**New Mailing Address:**

**FEI Number: 30-0116974** **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**

**Name and Address of Current Registered Agent:**

FOWLER, JAMES T
244 LAGOON DRIVE
FT MYERS, FL 339052532

**Name and Address of New Registered Agent:**

The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida.

SIGNATURE: _____

Electronic Signature of Registered Agent — Date

**Election Campaign Financing Trust Fund Contribution ( ).**

**OFFICERS AND DIRECTORS:**

Title: PCEO ( ) Delete
Name: FOWLER, JAMES T
Address: 244 LAGOON DRIVE
City-St-Zip: FT MYERS, FL 339052532

Title: DC ( ) Delete
Name: FOWLER, JAMES T
Address: 244 LAGOON DRIVE
City-St-Zip: FT MYERS, FL 339052532

Title: DVT ( ) Delete
Name: FOWLER, W. SUE
Address: 244 LAGOON DRIVE
City-St-Zip: FT MYERS, FL 339052532

Title: DV ( ) Delete
Name: ELLSWORTH, DOROTHY N
Address: 244 LAGOON DRIVE
City-St-Zip: FT MYERS, FL 339052532

Title: D ( ) Delete
Name: ELLSWORTH, THOMAS
Address: 244 LAGOON DRIVE
City-St-Zip: FT MYERS, FL 339052532

**ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:**

Title: ( ) Change ( ) Addition
Name:
Address:
City-St-Zip:

Title: ( ) Change ( ) Addition
Name:
Address:
City-St-Zip:

Title: ( ) Change ( ) Addition
Name:
Address:
City-St-Zip:

Title: ( ) Change ( ) Addition
Name:
Address:
City-St-Zip:

Title: ( ) Change ( ) Addition
Name:
Address:
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this report or supplemental report is true and accurate and that my electronic signature shall have the same legal effect as if made under oath; that I am an officer or director of the corporation or the receiver or trustee empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears above, or on an attachment with an address, with all other like empowered.

SIGNATURE: JAMES T F OWLER PCEO 01/08/2003

Electronic Signature of Signing Officer or Director — Date